

# REQUEST FOR BID

Bid Number: 16- 082

**Questions must be submitted in writing to  
procurement@rialto.ca.gov**

**BID DUE NO LATER THAN: MARCH 29, 2016 at 4:00 P.M.**

**Vendor to Complete:** All fields are mandatory

**Submit Bids To: Rialto Purchasing Division**

**Name:**

By Hand:

By Mail:

**Attn:**

249 S. Willow Avenue 150 S. Palm Avenue

**Phone:**

Rialto, CA 92376 Rialto, CA 92376

**Fax:**

**By Fax: 909-820-2600**

**Email:**

**procurement@rialtoca.gov**

**\* Bid results available at [www.rialtoca.gov](http://www.rialtoca.gov) \***

Item	Qty	Unit	Description	Unit Price	Total
001	3	EA	EMT3-8 POSITION MCI GO-KIT BASIC, ITEM #MDS-05778		
002	5	EA	EMT3 ALL RISK WRISTBAND TRIAGE TAG OPTIMIZED, 50 PACK, ITEM #DMS-05420		
<p><b>*NOTE: NO ALTERANATES WILL BE ACCEPTED FOR THIS BID.</b></p> <p><b>PLEASE INCLUDE ALL SHIPPING COSTS →</b></p>				Subtotal	
				Tax (8%)	
				Shipping	
				Total	

**Terms:** Net 30

**FOB Destination:** Delivery address specified on Purchase Order, all shipping costs to be included

**NOTE:** If your proposed delivery terms are not FOB Destination state exact terms hereon \_\_\_\_\_

The undersigned agrees, if this order is accepted within \_\_\_\_\_ calendar days, to furnish all items at specified prices, delivery points, and times. If no date is specified, the acceptance period is forty-five (45) days. All equipment, supplies and/or materials specified herein above must be new unless otherwise stated on the Request for Bid Form.

**DELIVERY:** We (I) will deliver complete the above articles and/or perform above services within \_\_\_\_\_ days from the receipt of order unless otherwise noted and at prices and terms specified subject to the "Instructions and Conditions" stated on reverse side hereof or attached hereto.

Printed Name &amp; Title:

Signature & Date: \_\_\_\_\_